Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000183592 3)))



H240001835923ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM

Account Number : 103654001666 Phone : (941)639-1158

Fax Number : (941)639-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT RESIGNATION T&K EL JOBEAN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

Electronic Filing Menu Corporate Filing Menu

Help

MAY 22 2024 K. Brumbley Fax: 19415059999

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ons of section 605.01	15, Florida Statutes, the un	idersigned,	
ROGER H. MILLER I	1		, hereby resigns as	
···	Name of Registered Ag	Beut	, noted) 1031g.w w	
Registered Agent for	T&K EL JOBEAN, LLO	С	·····	
	Name of Li	imited Liability Company		,
L23000040536				
Document	Number, if known			
A copy of this resigna	tion was mailed to the	above listed limited liabil	ity company at its last known addr	ess,
The agency is termina		·	offer the date on which this stateme	ent is filed.
	/s/ Roger	r H. Miller And Signature of Resigning Age	1√ nt	
If signing on behalf of	an entity:			
		Typed or Printed Name		
		Capocity		
	FILING \$ 85.00 \$ 25.00	G FEES: Active limited liability Administratively disso withdrawn limited lia	y company olved/ voluntarily dissolved/ bility company	20241